

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

821600

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4		2		1		
5	1		1			
6		1		1		
7				1		
8				1		
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45						
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47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	0		0			
TOTAL CLAIMS	8		8			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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